

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90005 040 \*\*\*150.00

**DOCUMENT # P03000147867**

1. Entity Name  
**A & M ARCHITECTURAL DESIGN P.A.**



Principal Place of Business  
**3141 N.W. 123 TERR  
SUNRISE, FL 33323 US**

Mailing Address  
**3141 N.W. 123 TERR  
SUNRISE, FL 33323 US**

**54055461**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**52-2418933**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASHRAGHI, ALAN  
3141 N.W. 123 TERR  
SUNRISE, FL 33323**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASHRAGHI, ANA M 3141 N.W. 123 TERR SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/04**

Date

**(984) 600-5437**

Daytime Phone #



## Division of Corporations

## Annual Report

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Business Entity Name

A &amp; M ARCHITECTURAL DESIGN P.A.

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number 522418933

FEI Number

Status: Applied For: Not Applicable Current

Certificate of Status Desired Yes No

## Principal Place of Business

Address 3141 N.W. 123 TERR  
Suite, Apt. #, etc.  
City, State SUNRISE FL  
Zip Code & Country 33323 US

## Mailing Address

Address 3141 N.W. 123 TERR  
Suite, Apt. #, etc.  
City, State SUNRISE FL  
Zip Code & Country 33323 US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) MASHRAGHI ALAN  
-or- RA Business Name  
Address 3141 N.W. 123 TERR  
Suite, Apt. #, etc.  
City, State SUNRISE FL  
Zip Code & Country 33323 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Attachment*  
*A. Moraglio*

*54055461*

*# PO 3000147867*

Continue    Reset

Start Over

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**Sunbiz Home Page**

**Public Access Help**